

State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999 INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILENUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEEINFOR	MATION		
Full name of committee (as on Statement of Organization)  Check if this is a new name	9 4 1 1	-	
Robin M Muls for Hamilton County	Auditor		
2. Acronym or abbreviated name, if any	3. Committee tele		
	(317	984-5435	
4. Mailing address (address where all campaign finance correspondence is received)   C 2 30 15 Overdorf Rd	heck if this is a new a	ddress	
5. City, state, ZIP code	6. Party affiliation	(if applicable)	
Cicero IN 46034	Republi	can	
CANDIDATE INFORMATION (For Can	didate's Committe	es Only)	
7. Full name of candidate (include any nickname)	8. Party affiliation		
Robin Mills	Republ	ican	
Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of resi		
Mamilton County Auditor	Hamilto	Ottom to the second	
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, a	nd 20 must be "0")	Pre-Convention	
Utgoing Treasurer (within 10 days amend Statement of Organization)		Post-Convention	
12. Reporting period:		COLUMNA	COLUMN B
From: Through:		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		1275,00	
14. Cash on hand and investments January 1, current year.			1275.00
CONTRIBUTIONS AND RECEIPTS	A CONTRACTOR OF THE CONTRACTOR		
(Note: these amounts include in-kind contributions and loans, as well as cash con	tributions.)	0	9
15a. Itemized (use Schedule A) 15b. Unitemized		200.00	200.00
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	200.00	200.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	1475.00	1475.00
EXPENDITURES			12.6 (2.15)
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		250.00	250.00
17b. Unitemized	Walling a rest	16.00	16.00
17c. Add lines 17a and 17b in both columns	SUBTOTAL	266.00	266.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both of	nlumns) TOTAL	1209.00	1209.00
19. Debts OWED BY the committee (use Schedule D)		<del>0</del>	
20. Debts OWED TO the committee (use Schedule E)		8-	
20. Depts Office TO the committee ruse Schedule E)		V	

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I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeaner (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY



State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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co	NTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.		Contributions: Direct In-Kind (describe)		3,0-300	inia.
	cumulative excepts never \$100 within a solding to a section to a	Other Receipts: Interest Loan Misc. (specify)	enide priliani b yhaq isluger 1	the full name at ar year (\$200 like's account.	STATES COLUMN
Contrib	utor's Occupation (if required)	toda dame in this space, i	ntering a contribu	TANT: When e	0988
2.	nada appreçate contributions of al least ner contributors a optional. Examples.	Contributions: Direct In-Kind (describe)	the occupation o	PATION: Enter during the cal	1330
	propriete box. For in-kind contributions gos. bumper étickors, or mailings, etc.).	Other Receipts:  Interest Loan  Misc. (specify)	FOR Penings  FIGH OR OTHER  Columbia to behavior  and an officer and	ley, "Bunker", "I OF CONTRUBUL Se the general p iscallancous" bu	EGYT Masch mino 3
3.	stor's Occupation (if required)	Contributions: Direct In-Kind (describe)	THIS PERIOD:	MIN A AMOUNT ther receipts for	UUOO In or d
		Other Receipts: Interest Loan Misc. (specify)	VIVE YEAR-TO cripts calendary such calendary	MN 8 CUMUL m-in, or clinkr ni s flust report of:	transit on the
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4.		Contributions: Direct In-Kind (describe)	or the month, da a the controlles than or mailed. If	RECEIVED: En Indicate the dail no date it was vii	DATE ordens NOT 1
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5.		Contributions: Direct In-Kind (describe)	circluse, the fig.		o Vino .A.
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# (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebales, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	position (as a professional corporation or porting of the corporation's contributions. If on, contact the contributor for ciantication	Contributions: Direct In-Kind (describe)	in the repetal at pretion, for examp whether a contri is of the contributo	personal a corporate to contain a contain gooding the state	e v
		Other Receipts: Interest Loan Misc. (specify)	s and mailing add		0
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3.	appropriate box. For in-kind contributions alone, sugns, bumper slickers or mailings, etc.).	Contributions;  Direct In-Kind (describe)	ITO AD HOITUR In product or son to be as apecific as		n sb sa
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	money order in the committee's account, to contributions are received when costs is d. (IC 3-9-1-24.5)	Other Receipts:  Interest Loan  Misc. (specify)	data the committe s written or mailed nmittee's account.	Sets Indicate the OT the dute it was posited in the op	ati ab
5.	contribution for the committee, or sign as for the page of Schedule A. If there is only OF ALL PAGES ON SCHEDULE A.	Contributions:  Direct In-Kind (describe)	lecting gagmittes  AGE OF SCHED  redule, the figure i		
	NOE ONLY: Enter (ON THE LAST PAGE this figure on ITEM 15s of the Summary	Other Receipts: Interest Loan Misc. (specify)	AGES OF SCHED ours of all pages		
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	TOTAL OF ALL PAGES OF SCHEDULE		\$ 8		



State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

#### (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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4.	page of Schedule A. If there is only one	Contributions: Direct In-Kind (describe)	F SCHEDULE A	BYLEnter the d FRR PAGE O Schedule, the f	SUBTOTAL Substitute of first
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5.		Contributions:  Direct In-Kind (describe)			
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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY

#### POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) by State Board of Accounts 1999

Approved

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS)	RECIPIENT'S OCCUPATION TYPE OF EXPENDITURE		COLUMN A	COLUMN B	DATE OF
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	YEAR-TO-DATE	EXPENDITURE
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FAGE ORLY) be tend amount of all	SUBTOTAL THIS PAGE	E OF SCHEDULE B	\$ 250		
TOTAL OF ALL PAG	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of th	LAST PAGE ONLY	\$ 250		



State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

# (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

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PUBLIC QUESTION INFORMATION						
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(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S	AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING BALANCE THIS
& MAILING ADDRESS (street, number, city, state, ZIP code)	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	PAID YEAR-TO-DATE	PERIOD
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(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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